Inspection Report

We are the regulator: *Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

Peaker Park Care Village

Trojan Place, Rockingham Road, Market Harborough, LE16 7FP

Tel: 01858414460

Date of Inspections: 08 January 2014
07 January 2014

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

Cleanliness and infection control	✓ Met this standard
Management of medicines	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Prime Life Limited
Overview of the service	Peaker Park Care Village provides a service for up to up to 137 people. The home is split into five units with a sixth unit that is currently unoccupied. The home offers both nursing and personal care. At the time of this inspection there were 80 people living in the home. Peaker Park is one of 60 care homes owned by Prime Life Limited.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Peaker Park Care Village had taken action to meet the following essential standards:

- Cleanliness and infection control
- Management of medicines
- Assessing and monitoring the quality of service provision

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 7 January 2014 and 8 January 2014, observed how people were being cared for and talked with people who use the service. We talked with staff, took advice from our pharmacist, talked with other authorities and were accompanied by a specialist advisor.

What people told us and what we found

We spoke with five people who lived at Peaker Park during our visit who all spoke highly of the home although most of the feedback we were given did not relate directly to the areas we were looking at during this visit.

We found that improvements had been made since our last visit to the service in August 2013.

We found that soap and paper towels were available in each of the en suite bathrooms and laundry trolleys had been purchased and were in use to transport dirty laundry with proper regard to hygiene.

We were accompanied on the inspection by an expert in infection control. The provider may find it useful to note that the expert discussed with the hotel services manager and the infection control lead a number of other area where improvements could be made.

We found that quality assurance systems were being used effectively to ensure that the service was meeting the appropriate standards of quality and safety. This included detailed care records audits. We saw that the manager carried out weekly and monthly medication audits. These included reviewing the medication records and counting the tablets that were not dispensed in blister packs. This ensured that medicines were appropriately accounted for. We saw that staff administering medicine had undertaken competency assessments which were completed six monthly.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Cleanliness and infection control ✓ Met this standard

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were cared for in a clean, hygienic environment.

Reasons for our judgement

We spoke with people using the services but their feedback did not relate to this area.

We found that improvements had been made since our last visit to the service.

When we visited Peaker Park on 28 and 29 August 2013 we found we found that there was no soap and towels in any of the bedrooms for staff to use when they gave people personal care. When we visited on 07 and 08 January 2014 we found that soap and paper towels were available in each of the en suite bathrooms.

When we visited Peaker Park on 28 and 29 August 2013 we found that some of the toilet brushes in the bathrooms were heavily stained and dirty. When we visited on 07 and 08 January 2014 we found that the toilet brushes had been replaced and an instruction added to the schedule for domestic staff to ensure that they were checked regularly and disposed of if not clean. We saw that the communal toilets had a checklist to show when they had last been cleaned.

When we visited Peaker Park on 28 and 29 August 2013 we saw a staff member dragging a linen bag containing dirty laundry across the corridor floor. When we visited on 07 and 08 January 2014 we found that laundry trolleys had been purchased and were in use to transport dirty laundry in a hygienic manner.

When we visited Peaker Park on 28 and 29 August 2013 we found that one of the kitchens was not clean and hygienic. During our visit 07 and 08 January 2014 we found that most of the issues identified in the kitchen had been rectified. The provider may find it useful to note that one cooker, which we were told was not used, appeared dusty.

We looked at the cleaning schedules and checklists completed by staff. We found that these included checks of equipment such as blood pressure machines and wheelchairs as well as the kitchens, bedrooms and communal areas of the home. The provider may find it useful to note that some areas were not included in the cleaning schedules such as the

radiators; artificial plants; food serving trolleys; medication store rooms and laundry rooms. We found some of these areas were in need of attention. For example some of the artificial plants were dusty, one of the food serving trolleys had spillages on and one of the medication storage rooms had some cobwebs and dead insects on the ceiling. We also found that there was no written guidance on who was responsible for cleaning people's bedrails and mattresses or how often it should be done. Care staff told us that they wiped the bedrails each day and the mattresses when the beds were changed.

When we visited on 07 and 08 January 2014 the manager told us that no-one living in the home required barrier nursing at the time of our visit. Barrier nursing involves special precautions needed to care for someone with an infectious or contagious condition.

We were accompanied on the inspection by an expert in infection control. The provider may find it useful to note that the expert discussed with the hotel services manager and the infection control lead a number of other area where improvements could be made. These included ensuring floors are cleaned into the corners; ensuring storage areas are used for the correct purpose; the drainage in one of the en suite showers to be looked at and wash bowels to be stored off the floor.

Management of medicines ✓ Met this standard

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We spoke with people using the services but their feedback did not relate to this area.

The majority of medication at Peaker Park is dispensed in blister packs which make it easier for staff to ensure that people receive the correct dose of medication at the correct time. During our visit on 07 and 08 January 2014 we looked at the medication records and storage for people on each of the five units. We observed staff on two of the units administering medication. We also spoke with these staff members. We counted the totals of a sample of seven medicines that we not dispensed in blister packs and found all to be accounted for.

When we visited Peaker Park on 28 and 29 August 2013 we found the temperatures of the fridges used to store some of the medication were not always within the correct range. We also found insulin injections and eye drops in use, stored in the fridge which should have been stored at room temperature. During our visit 07 and 08 January 2014 we found that insulin and eye drops were being stored appropriately and that reminder notes had been put in the medication records file to ensure staff were aware of how to store insulin. We saw that the fridge and room temperatures were being checked daily and appropriate action taken to ensure medication was stored correctly.

When we visited Peaker Park on 28 and 29 August 2013 we observed staff administering medication. We saw that a staff member signed the medication record prior to giving medication. During our visit 07 and 08 January 2014 we observed two staff administering medication. We saw that they signed the medication record when the person had taken their medication. We saw that the staff member checked the administration record prior to giving people their medication to ensure that the medication was correct and noted any relevant comments on the back of the medication sheet.

We saw that the manager carried out weekly and monthly medication audits which included reviewing the medication records and counting the tablets that were not dispensed in blister packs to ensure that they were appropriately accounted for.
We saw that staff administering medicine had undertaken competency assessments which were completed six monthly.

The provider may find it useful to note that although we found that medication had been given as prescribed we found some errors on the medication records. For example, some prescribed creams had not been signed for; some entries on the sheets were not clear due to amendments or handwriting; protocols were not in place for all of the people who needed medication on an "as required" rather than regular basis.

Assessing and monitoring the quality of service provision ✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

When we visited Peaker Park on 28 and 29 August 2013 we found that the provider had quality assurance systems in place to but these were not always effective.

During our visit 07 and 08 January 2014 we looked at whether the quality assurance systems were enabling the provider to ensure that the service was meeting the appropriate standards of quality and safety.

We looked at the audits of care records that had been carried out for December 2013. We saw that they contained a good level of detail and cross referenced the information in different sections of people's assessments and care records to ensure the information was consistent and accurate with people's current needs. We saw that a number of actions had been identified as a result of the audits. The manager explained that where issues were identified an action plan was given to the team leaders to return when actions had been completed. We looked at a sample of six care plan audits and checked the findings and actions against the care plans. We found that the audits were an accurate reflection of the care records and actions had been completed as stated.

We looked a sample of food and fluid charts on two units and saw that they were being totalled daily. We spoke with three team leaders who explained that they checked the food and fluid charts, charts showing when people were assisted to change position and other observation charts each day to ensure that they were being completed accurately and that people were receiving appropriate care.
Team leaders told us that they had a checklist which the completed each day to show that they had checked these charts and also done other checks of the environment on their unit.

We looked at the medication audits that were being carried out by the manager. The manager explained that she carried out an audit of the storage and recording of medication on each of the units every week. This included checking the total of all medication that was not dispensed in blister packs to ensure it was correctly accounted for. We looked at the audits and saw that they were thorough in identifying issues requiring

action and had lead to a reduction in errors.

We looked at how infection control and the cleanliness of the home was being monitored. We saw that domestic staff completed checklists to detail the areas they had cleaned. We saw that this included the kitchens, bedrooms and communal areas. The provider may find it useful to note that checklists did not include some areas where we identified dust such as the artificial plants in communal areas and the medication storage rooms. We also found that some of the kitchen cleaning tasks identified as requiring weekly cleaning had not been cleaned every week.

We talked to the manager about the call bell audits. The manager explained that they had installed an update to their computerised call bell system but this had not been effective in providing the level of detail they required. The manager told us that a further up date was due to be installed the week following our inspection which she hoped would allow detailed analysis of the times and duration of call bells on each unit. The manager told us that the current data provided an overview showing the number of calls not being answered promptly was decreasing.

We spoke with two people who used the service who told us that a residents meeting was taking place at the end of January where they could discuss any concerns and offer suggestions. The owner told us that satisfaction surveys had been distributed to people living in the home and to their relatives the week prior to our visit. He explained that results of these would be collated to identify any trends.

We saw that the team leaders, managers, reception staff and hotel services manager met each morning for a brief meeting to discuss any relevant issues and ensure staff were aware of necessary information.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ **Met this standard**	This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.
✖ **Action needed**	This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.
✖ **Enforcement action taken**	If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)
Consent to care and treatment - Outcome 2 (Regulation 18)
Care and welfare of people who use services - Outcome 4 (Regulation 9)
Meeting Nutritional Needs - Outcome 5 (Regulation 14)
Cooperating with other providers - Outcome 6 (Regulation 24)
Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)
Cleanliness and infection control - Outcome 8 (Regulation 12)
Management of medicines - Outcome 9 (Regulation 13)
Safety and suitability of premises - Outcome 10 (Regulation 15)
Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)
Requirements relating to workers - Outcome 12 (Regulation 21)
Staffing - Outcome 13 (Regulation 22)
Supporting Staff - Outcome 14 (Regulation 23)
Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)
Complaints - Outcome 17 (Regulation 19)
Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

Contact us

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